## PETITION TO ADVANCE HEARING DATE

NMATE NAME:	
CDCR NUMBER:	INSTITUTION:
out this form (called a petition) and related may submit an initial petition and may not submit a subsequent petition decision by the board on your earlier documentation hearing, initial suitable of there are any registered victims or a copy will be given to them for their meets the requirements above and a reasonable likelihood that considerate incarceration. Please describe the chapport your petition in the space besupporting documentation to this pe	request to advance their next parole suitability hearing by filling mailing it to the Board of Parole Hearings at the address above. By time after your first parole suitability hearing. After that, you on until a three (3) year period of time has elapsed since the repetition. Nor may you submit a petition to advance a polity hearing, progress hearing or medical placement hearing. Also next of kin they will be notified of your petition and upon request review and comments. Finally, your petition will be granted if it a change in circumstances or new information establishes a tion of the public safety does not require an additional period of lange in circumstances or new information that you believe will below and on the backside of this form. You may attach additional etition but only attach copies — not originals; your petition and the returned to you. However, once your petition is received you
DO NOT STAPLE OR BIND	YOUR PETITION AND SUPPORTING DOCUMENTATION.
	[YOU MAY CONTINUE ON THE BACK SIDE]
NMATE SIGNATURE:	DATE:

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DO NOT STAPLE OR BIND YOUR PETITION AND SUPPORTING DOCUMENTATION.							
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-							
TO BE COMPLETED BY CDC	R STAFF IF HELP WAS REQUESTED.						
DECE D : 12 WEST IND ( )							
DECS Reviewed? YES [ ]NO [ ]	Accommodation Given?						
Describe any accommodation(s):							
Describe any other assistance:							
	DATE:						
Name/Title of CDCR staff:							

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## PETITION TO ADVANCE DECISION FORM

JURISDICTIONAL REVIEW											
INMATE NAME:	4					···					
CDCR NUMBER:			INSTITUTION:								
Date Petition Postmarked:			Date of DECS Review:								
Date Petition Received:			Assistance Recommended? Yes [ ] No [ ]								
Date of Last PTA Dec	_	If Yes, Date Returned to Institution: Date Re-Submitted to BPH:									
DECISION: Reason(s)	FORWARD TO REVIE							_			
if Denied:											
SIGNATURE:							DATE:				
					TITLE	i:					
REVIEW ON THE MERITS											
Materials	DECS	ſ	1	РТА	Packet			[	]		
Reviewed:			-	Institutional Behavior Victim Comments, if any					j		
	Transcript(s)	[	]					[	j 		
Standard:	Upon review, is there a reasonable likelihood that consideration of the public safety does not require the additional period of incarceration of the inmate?										
DECISION:	YES – PETITION APP	ROVED	)	[	]						
	NO - PETITION DENIED			[	]						
*** Statement of Reasons Attached ***											
SIGNATURE:							DATE:				
					TITLE	:					

BPH Form 1045-A Part 2 (Rev. 3/13)